

961

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 430	
1. PLACE OF DEATH				COUNTY <u>Pima</u>		STATE <u>ARIZONA</u>	
TOWNSHIP <u>Tucson</u>				OR VILLAGE		REGISTERED NO. <u>886</u>	
CITY <u>Tucson</u>				NO.		WARD	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED				HOW LONG IN U. S. IF OF FOREIGN BIRTH?			
YRS. <u>7</u> MOS. <u>7</u> DS.				YRS. <u>7</u> MOS. <u>7</u> DS.			
2. FULL NAME <u>Maria Teresa Alcala</u>				HOW LONG IN STATE WHEN DEATH OCCURRED?			
YRS. <u>7</u> MOS. <u>7</u> DS.				YRS. <u>7</u> MOS. <u>7</u> DS.			
(A) RESIDENCE: NO. <u>317 N. Vine</u>				WARD <u>San Francisco, Calif.</u>			
(USUAL PLACE OF ABODE)				(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Single</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 2 1933</u>							
7. AGE		YEARS <u>2</u>		MONTHS <u>3</u>		DAYS <u>20</u>	
		IF LESS THAN 1 DAY, HRS. OR MIN.					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) <u>San Francisco, Calif.</u>							
13. NAME <u>Mary Gilcala</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Los Angeles, Calif.</u>							
15. MAIDEN NAME <u>Rupa Ramirez</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u>							
17. INFORMANT <u>Gilberto Alcala</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holy Hope</u> DATE <u>Dec. 27, 1935</u>							
19. EMBALMER { LICENSE NO. <u>2308A</u> SIGNATURE <u>John D. Reilly Jr.</u> FUNERAL DIRECTOR <u>Reilly Undertaking Co.</u> ADDRESS <u>Tucson, Arizona</u>							
20. FILED <u>12-27-35</u> REGISTRAR <u>Lewis D. Johnson</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1935</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec 16, 1935</u> , TO <u>Dec 27, 1935</u>							
I LAST SAW HIM ALIVE ON <u>Dec 24, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9:30 A.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>3d degree burn of back, buttocks and legs from fall in bucket of hot water</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? <u>✓</u> WAS THERE AN AUTOPSY? _____							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY <u>Dec 16, 1935</u>							
WHERE DID INJURY OCCUR? <u>Tucson</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>at home</u>							
MANNER OF INJURY <u>Fall in bucket of hot water</u>							
NATURE OF INJURY <u>Burn</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>							
IF SO, SPECIFY (SIGNED) <u>John D. Reilly Jr.</u> M. D. (ADDRESS) <u>Box 2761 Tucson Ariz.</u>							